



Atty. Dkt. No. 034536/0827

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bahija JALLAL et al.
Title: *Diagnosis And Treatment Of PTP04
Related Disorders*
Appl. No.: 09/822,295
Filing Date: April 2, 2001
Examiner: A. Holleran
Art Unit: 1642

SUPPLEMENTAL AMENDMENT

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a response to the Advisory Action mailed January 20, 2004, concerning the captioned patent application.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this document.

Remarks/Arguments begin on page 5 of this document.

Please amend the application as follows.



Image

AF / 1642

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Title: *Diagnosis And Treatment Of
PTP04 Related Disorders*

Appl. No.: 09/822,295

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SUPPLEMENTAL AMENDMENT TRANSMITTAL

Mail Stop NF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for the above-identified application is:

☒ Supplemental Amendment.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	12	-	20	=	0	x	\$18.00	=	\$0.00
Independents:	1	-	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

☐ A check in the amount of \$0.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

2/18/04

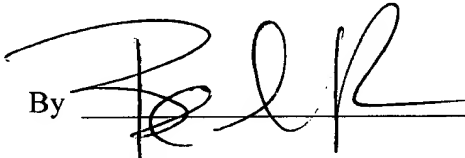
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By



Beth A. Burrous

Attorney for Applicant

Registration No. 35,087